

Insurance Verification Request

DC Law 5-48, ("Health Care and Community Residence Facility, Hospice, and Home Care Licensure Act"), Chapter 35 requires that the Licensee of each Group Home for Mentally Retarded Persons (GHMRP) shall carry or ensure that the premises carries the following insurance coverage: hazard in the minimum amount of five-hundred dollars (\$500) per resident, with a minimum of two-thousand dollars (\$2,000) per GHMRP; liability coverage in the amount of three hundred thousand dollars (\$300,000) per occurrence; and professional liability.

I, _____ (Signature), authorize on this date, _____ the release and verification of the requested information regarding policy (ies) issued for the above listed premises. The maximum capacity of residents in this facility is _____.

Facility Address: _____

Insurance Company Information:

Company Name: _____

Address: _____

Telephone Number: _____

Please verify that the above named licensee has a current insurance policy(ies) with your company that provides coverage for non-related residents who pay for their care. Please complete the appropriate areas below:

Hazard (fire and extended coverage)

Amount \$ _____

Policy Number _____

Effective Date _____

Expiration Date _____

Liability coverage

Premises, Personal injury and products \$ _____

Professional liability \$ _____

Policy Number _____

Effective Date _____

Expiration Date _____

Signature _____

Insurance Representative

Please print and return this form:

**Department of Health
Administrator
Health Regulation Administration
Health Care Facility Division
825 North Capitol Street NE 2nd Floor
Washington, DC 20002**